FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

J5 MAY 12 AM 9:31

| 1. NAME OF COMMITTEE (in full) | | | NT Example: If typing, type over the lines. | | | 12FE4M5 | | |
|--|-----------------------|------------------------|---|-----------------------------|--------------------|----------------|------------------|--|
| Friends of Bernie | Sanders | | | | | | | |
| ADDRESS (number and st | reet) PO Box 391 | | | | | | | |
| Check if different than previously reported. (ACC) | Burlington Cr | ny . | VT STATE | 05402 ZIP CODE | | - | | |
| 2. FEC IDENTIFICATION C00411330 | 3. 1 | S THIS NEW PORT (N) | V OR | ☑AMENDED (A) | | STATE | DISTRICT | |
| 4. TYPE OF REPORT (| Choose One) | | | | | | | |
| (a) Quarterly Reports: | | (b) 12-Day PRE- | -Election Re | port for the: | | | | |
| ☐ April 15 Quarterly Report (Q1) ☐ July 15 Quarterly Report (Q2) ☑ October 15 Quarterly Report (Q3) ☐ January 31 Year-End Report (YE) ☐ Termination Report (TER) | | Primary (12i | | General (12G) Special (12S) | Ruin the | noff (12R) | | |
| | | (c) 30-Day POST | T-Election R | eport for the: Runoff (30F | in the State of | Special (30S) | | |
| 5. Covering Period | 07/01/2014 | through | 09/30 | /2014 | | | | |
| I certify that I have examinative or Print Name of Treasurer | asurer Martha | | edge and be | | and complet | | | |
| NOTE: Submission of false | e, erroneous, or inco | mplete information ma | ay subject th | e person signing this | Report to th | e Penalties of | f 2 U.S.C. 437a. | |
| Office Use Only | | | | | | FEC | FORM 3 | |

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